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CONFIRMATION NO. 7139

<b>SERIAL NUMBER</b> 09/776,479	<b>FILING OR 371(c) DATE</b> 02/02/2001 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1645	<b>ATTORNEY DOCKET NO.</b> C1037/7013 (HCL/MAT)
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**APPLICANTS**

Robert L. Bratzler, Concord, MA;  
 Deanna M. Petersen, Newton, MA;  
 Yves Fouron, Marlboro, MA;

**\*\* CONTINUING DATA \*\*\*\*\***

his appln claims benefit of 60/179,991 02/03/2000

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

NONE

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\***  
 10/10/2001

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> MA	<b>SHEETS DRAWING</b> 0	<b>TOTAL CLAIMS</b> 20	<b>INDEPENDENT CLAIMS</b> 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature: _____ Initials: _____				

**ADDRESS**

Helen C. Lockhart  
 c/o Wolf Greenfield & Sacks, P.C.  
 Federal Reserve Plaza  
 600 Atlantic Avenue  
 Boston, MA02210

**TITLE**

Immunostimulatory nucleic acids for the treatment of asthma and allergy

<b>FILING FEE RECEIVED</b> 954	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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